



PTO/SB/21 (05-03)

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1645/3  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/909837
		Filing Date	July 20, 2001
		First Named Inventor	Joseph A. Monforte
		Group Art Unit	1645
		Examiner Name	Marjorie A. Moran
Total Number of Pages in This Submission		Attorney Docket Number	47-020510US

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> receipt acknowledgment postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<p><b>Authorization to Charge Deposit Account</b>            Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.</p>		
<input type="text" value="Remarks"/>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Angela P. Horne, Ph.D., Reg. No. 41,079, Quine Intellectual Property Law Group, P.C.
Signature	
Date	June 29, 2004

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Signature		Date
	June 29, 2004	

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<b>FEE TRANSMITTAL</b>		<b>Complete if Known</b>	
<b>for FY 2004</b>		Application Number	09/909837
		Filing Date	July 20, 2001
		First Named Inventor	Joseph A. Monforte
		Examiner Name	Marjorie A. Moran
		Art Unit	1645
		Attorney Docket No.	47-020510US
<input checked="" type="checkbox"/> <del>Small Entity</del> claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$)		228.00	

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None					
<input checked="" type="checkbox"/> Deposit Account:									
Deposit Account Number	50-0893								
Deposit Account Name	Quine Intellectual Property Law Group, P.C.								
The Director is authorized to: (check all that apply)									
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Credit any overpayments							
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)									
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.									
FEE CALCULATION									
1. BASIC FILING FEE									
Large Entity Fee Code (\$)	Fee	Small Entity Fee Code (\$)	Fee	Fee Description		Fee Paid			
1001	770	2001	385	Utility filing fee					
1002	340	2002	170	Design filing fee					
1003	530	2003	265	Plant filing fee					
1004	770	2004	385	Reissue filing fee					
1005	160	2005	80	Provisional filing fee					
SUBTOTAL (1) (\$)									
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE									
Total Claims	Extra Claims	Fee from below	Fee Paid						
38	-36** = 2	x 9	= 18						
Independent Claims 1	- 3** = 0	x							
Multiple Dependent									
Large Entity Fee Code (\$)	Fee	Small Entity Fee Code (\$)	Fee	Fee Description		Fee Paid			
1202	18	2202	9	Claims in excess of 20					
1201	86	2201	43	Independent claims in excess of 3					
1203	290	2203	145	Multiple dependent claim, if not paid					
1204	86	2204	43	** Reissue independent claims over original patent					
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2) (\$)				18.00					
** or number previously paid, if greater; For Reissues, see above									
Other fee (specify) _____									
*Reduced by Basic Filing Fee Paid									
				SUBTOTAL (3) (\$)				210.00	

(Complete if applicable)

SUBMITTED BY				
Name (Print/Type)	Angela P. Horne, Ph.D.		Registration No. (Attorney/Agent)	41,079
Signature	<i>Angela P. Horne, Ph.D.</i>		Date	June 29, 2004

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